

FY 2007 IDEA CONSORTIUM DESIGNATION

Applicant LEA: _____ **County:** _____ **LEA Code:** _____.

The Applicant LEA contributes all funds to the Consortium.

Consortium Agreement: _____ has been designated as the applicant agency for the FY 2007 IDEA entitlement application. As the applicant agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs and final disposition of equipment purchased with the funds as set forth in the application.	
IDEA Applicant	Chief School Administrator Name: Chief School Administrator Signature:

Participant LEA: _____ **County:** _____ **LEA Code:** _____.

Funds contributed: Basic: _____.
 Preschool: _____.

Consortium Agreement: _____ has been designated as the applicant agency for the FY 2007 IDEA entitlement application. As a participating agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs and final disposition of equipment purchased with the funds as set forth in the application.	
IDEA Participant	Chief School Administrator Name: Chief School Administrator Signature:

Participant LEA: _____ **County:** _____ **LEA Code:** _____.

Funds contributed: Basic: _____.
 Preschool: _____.

Consortium Agreement: _____ has been designated as the applicant agency for the FY 2007 IDEA entitlement application. As a participating agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs and final disposition of equipment purchased with the funds as set forth in the application.	
IDEA Participant	Chief School Administrator Name: Chief School Administrator Signature:

Submit the completed forms to:
New Jersey Department of Education
Application Control Center
Riverview Executive Plaza Building 100
P.O. Box 500
Trenton, New Jersey 08625-0500
Attention: IDEA-B Consortium Designation